



School District 51 Concussion Management Protocol



Use the following key to help patient and / or parent understand protocol / process

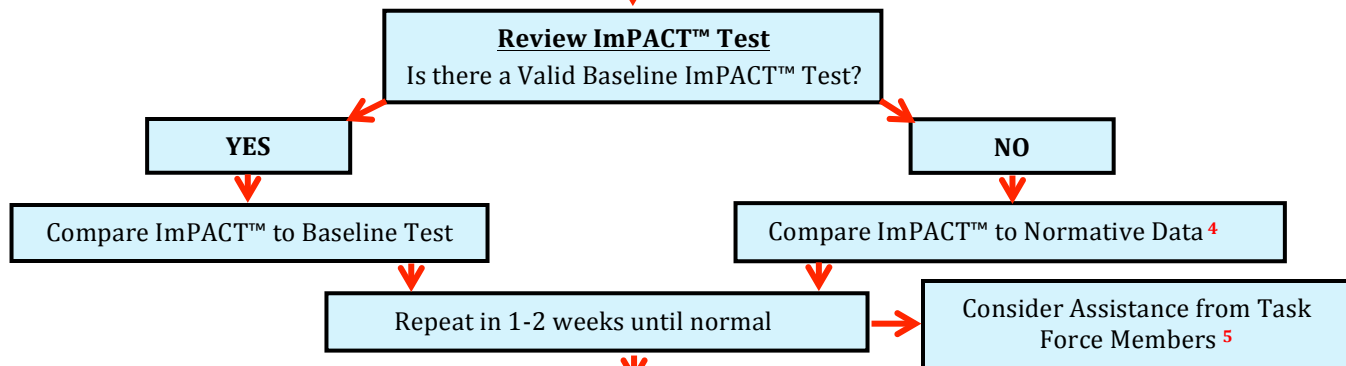
- = Healthcare Provider or Athletic Trainer
 = Healthcare Provider
 = Healthcare Provider, Athletic, Trainer, Parent or Coach

Suspected Concussion

<u>First Steps</u>	<u>Other Tasks</u>
<ol style="list-style-type: none"> 1. Remove from Play AND School 2. Counsel on Physical AND Cognitive Rest 3. Counsel on "return-to-school" after symptoms are tolerable 	<ol style="list-style-type: none"> 1. Review and Provide "Home Instructions" Sheet 2. Review and Provide "Return-To-Play (RTP) Zurich Guidelines" Sheet 3. Sign and Fax "Head Injury - Notification to School" Form to school¹

Perform ImPACT™ Test²

1. As soon as possible after concussion
2. Consider **early** Neuropsychology, Audiology, Vestibular and Speech Therapy, and / or Neurology referrals³
3. If < 11 years old - Consider referral to Neuropsychology (No ImPACT™ or other Computerized Neurocognitive Tests available in this age group)



All of the following must be complete for patient to start Stage 2 Return-to-Play (Zurich Guidelines)

- No concussion related symptoms or use of medications (to treat concussion)
- Normal clinical examination **AND** ImPACT™ Test (or other Neurocognitive Tests for individuals < 11 years of age)
- No concussion related academic adjustments ("Teacher Feedback Form" received from school)
- Healthcare provider has completed **Step 1** of "**Concussion Medical Clearance**" Form⁵

Start Stage 2 Return-to-Play (Zurich Guidelines)

1. Certified Athletic Trainer (ATC) conducts Return-To-Play Protocol⁶
2. If ATC unavailable, educate parent(s) on conducting Return-To-Play Protocol

No concussion related symptoms **AND** academic adjustments across Stages 2 through 5
(Zurich Guidelines)

Stage 5 Return-to-Play (**Zurich Guidelines**) completed **AND** no concussion related symptoms

Healthcare provider has completed **Step 2** of "**Concussion Medical Clearance**" Form

Return to Full Participation

1,2,3: Please review important information on reverse side of page

For Patients / School Administrators / Parents:

DISCLAIMER: This form is provided to promote health as a public service and is merely informational. THIS DOES NOT CONSTITUTE MEDICAL ADVICE, and should not be used as a substitute for medical diagnosis or treatment by a medical professional. *If you suspect you or someone else may have suffered a concussion, consult a doctor immediately.* If there is an emergency, call 911. The Western Colorado Concussion Consortium and the Mesa County Physicians IPA ("Concussion Consortium") do not assume responsibility for the circumstances arising out of the use, misuse, interpretation, or application of this material to any situation. This information was intended to be accurate when created, but there is no obligation on the Concussion Consortium to update or correct these forms in the event that there are changes to the medical body of knowledge.

For Healthcare Providers:

DISCLAIMER: This form is provided to promote health as a public service and is merely informational. THIS IS NOT A SUBSTITUTE FOR MEDICAL ADVICE, and should not be used in place of your medical judgment. The Western Colorado Concussion Consortium and the Mesa County Physicians IPA ("Concussion Consortium") do not assume responsibility for the circumstances arising out of the use, misuse, interpretation, or application of this material to any situation. This information was intended to be accurate when created, but there is no obligation on the Concussion Consortium to update or correct these forms in the event that there are changes to the medical body of knowledge.

Per Colorado State Law (SB11-040): "IF A YOUTH ATHLETE IS REMOVED FROM PLAY PURSUANT TO SUBSECTION (3) OF THIS SECTION AND THE SIGNS AND SYMPTOMS CANNOT BE READILY EXPLAINED BY A CONDITION OTHER THAN CONCUSSION, THE COACH SHALL NOT PERMIT THE YOUTH ATHLETE TO RETURN TO PLAY OR PARTICIPATE IN ANY SUPERVISED TEAM ACTIVITIES INVOLVING PHYSICAL EXERTION, INCLUDING GAMES, COMPETITIONS, OR PRACTICES, UNTIL HE OR SHE IS EVALUATED BY A HEALTH CARE PROVIDER AND RECEIVES WRITTEN CLEARANCE TO RETURN TO PLAY FROM THE HEALTH CARE PROVIDER."

**** Per SB11-040, the following Healthcare Providers are the only providers authorized to clear youth athletes for return to play: Doctor of Medicine, Doctor of Osteopathic Medicine, Licensed Nurse Practitioner, Licensed Physician Assistant, or Licensed Doctor of Psychology with training in neuropsychology or concussion evaluation and management.**

1. WHERE TO FAX HEAD INJURY-NOTIFICATION TO SCHOOL FORM:

School Nurse (SD 51) (970) 245-0825

2. WHERE TO GO FOR ImPACT™ TESTING / SPECIALIST REFERRALS:

School District Psychologist (970) 254-5125
Erin Glavan (ATC, SD 51) (970) 250-1131-Fruita and Grand Junction Schools
Noah Larsen (ATC, SD 51) (970) 640-6640-Central and Palisade Schools
Chris Young, PhD(Neuropsychology) (970) 242-5707

3. CONTACT INFORMATION FOR REFERRALS:

Chris Young, PhD(Neuropsychology) (970) 242-5707
Jennifer BeBee, Au.D. (Audiology) (970)-549-4660
Kari Mullaney, MS (Vestibular Therapy) (970)-241-5856
Therapy Works (Speech & Vestibular Therapy) (970)-256-6378

4. NORMATIVE DATA EVALUATION:

Chris Young, PhD (970) 242-5707

5. CONTACT CONCUSSION TASK FORCE MEMBERS FOR ASSISTANCE:

Gregory Doyle, M.D. (970-263-2600
Danny Mistry, M.D. (970) 245-0484
Tarek Arja, DO (970)424-5030
Richard Price, M.D. (970) 256-5201
Chris Young, PhD (970) 242-5707

6. CONTACT INFORMATION FOR SD 51 CERTIFIED ATHLETIC TRAINER'S:

Erin Glavan (970) 250-1131
Noah Larsen (970) 640-6640

7. WHERE TO FAX CONCUSSION MEDICAL CLEARANCE FORM:

School Nurse (SD 51) (970) 245-0825